

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
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11						
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16						
17						
18						
19	1					
20		1				
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41						
42						
43						
44						
45						
46						
47	1					
48						
49		1				
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

51						
52						
53						
54	1					
55						
56		1				
57						
58		1				
59	1					
60		1				
61		1				
62		1				
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95						
96						
97						
98						
99						
100						
TOTAL IND.	10					
TOTAL DEP.	18					
TOTAL CLAIMS	28					